

ITEAMS TBVDOT Ordering Guidelines



TEXAS
Health and Human
Services

Texas Department of State
Health Services



This ITEAMS program (TBVDOT) is for the video-based directly observed therapy (VDOT), a supportive intervention for TB medication administration and assessment.


- ITEAMS is a continuing cycle. You cannot perform one function without completing the other transactions.
 - **Place Order** (Bulk Order Tab)
 - **Receive Order** (Receiving Tab)
Bulk Orders will add TBVDOT items to your inventory
 - **Record Usage**
 - a. Doses Administered (product given at your facility)
 - b. Transfer Orders (product transferred to another facility)
 - c. Wasted/Expired (items unusable)
 - **Reconcile Inventory (MUST BE DONE EVERY 30 DAYS)**
 - TB (Provider C-33)
- Information to be included in the “Spec. Instr.” box are:
 - Quantity of pills per bottle, i.e. “QTY 14”
 - Patient ID# i.e. “Patient ID# 987654”
 - Rx label instructions (Sig), i.e. “Take 2 tablets daily”
- When submitting orders, include your full **First and Last Name**. If there are questions on an order, it will be easier to find the person that submitted it.
- Contact the Pharmacy Branch immediately once you determine a mistake has been made. Pharmacy is quick on processing orders.
(512) 776-7500 or ITEAMS.PharmacyHelpdesk@dshs.texas.gov

ITEAMS TBVDOT Ordering Guidelines

TB Video DOT orders are requested under the “**BULK ORDER**” screen.

TBVDOT orders require a Patient ID# included when submitting the order.

- To generate a new Patient ID#, Go to the Packet Order screen, click on the box next to “Generate Patient ID” and ITEAMS will generate a number.
- **For recording purposes, please keep track of your Patient ID#s to use on all subsequent orders.**
- Then go to the Place Order, Bulk Order

Order Class	Carrier						
Order Type	Service						
	Pool						
<input checked="" type="checkbox"/> Generate Patient ID <input type="text" value="206710"/>	Confirm Patient ID <input type="text" value="206710"/>						
Number of Packets <input type="text"/>							
<div>  PACKET ORDER DETAIL </div>							
<table border="1"> <thead> <tr> <th>Item ID - Description</th> <th>Pills Per Packet</th> <th>Total no. of pills</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Item ID - Description	Pills Per Packet	Total no. of pills			
Item ID - Description	Pills Per Packet	Total no. of pills					

Items available for TBVDOT:

AVELOX TAB 400MG	MOXIFLOXACIN TAB 400MG
AZITHROMYCIN 250MG	MYCOBUTIN CAP 150MG
CLARITHROMYCIN TAB 500MG	PRIFTIN TAB 150MG
CYCLOSERINE CAP 250MG	PYRAZINAMIDE TAB 500MG
ETHAMBUTOL TAB 100MG	PYRIDOXINE TAB 25MG
ETHAMBUTOL TAB 400MG 100	PYRIDOXINE TAB 50MG
ISONIAZID TAB 100MG	RIFAMPIN CAP 150MG
ISONIAZID TAB 300MG	RIFAMPIN CAP 300MG
LEVOFLOXACIN TAB 250MG	SULFAMETHOXAZOLE/TR 800
LEVOFLOXACIN TAB 500MG	TRECATOR TAB 250MG
LEVOFLOXACIN TAB 750MG	ZYVOX TAB 600MG 20

****Please note, for additional medications not listed on the formulary ordering screen, contact the Pharmacy Branch****

ITEAMS TBVDOT Ordering Guidelines

When requesting TBVDOT under “**Bulk Order**”, quantities entered in the Pharmacy Ship Quantity (each) box should be as each pill. Include the following information in the “Spec. Instr.” box.

- QTY
- Patient ID#
- Rx label Instructions (sig)

BULK ORDER DETAIL								
Item ID	Item Description	Unit Qty	UOM	Original Quantity Requested	Suggested Quantity	Pharmacy Ship Quantity (each)	Quantity Units Ordered	Special Instru
6885000401TBVDOT	ETHAMBUTOL TAB 100MG 100	100	TAB	0.0	0	14	0.14	QTY14 Patient ID# 987654 Take 2 tablets daily
68084028001TBVDOT	ETHAMBUTOL TAB 400MG 100	100	TAB	0.0	0		0.00	
67253066010TBVDOT	PYRAZINAMIDE TAB 500MG 100	100	TAB	0.0	0	14	0.14	QTY14 Patient ID# 987654 Take 2 tablets daily
65862053820TBVDOT	LEVOFLOXACIN TAB 750MG 20	20	TAB	0.0	0	14	0.70	QTY14 Patient ID# 987654 Take 2 tablets daily

Special Instructions box: Include the following information.

- Quantity of pills per bottle, i.e. “QTY 14”
- Patient ID# i.e. “Patient ID# 987654”
- Rx label instructions (Sig), i.e. “Take 2 tablets daily”

☒ I have verified the address is correct.

☒ I have verified the hours of operations are correct.

 Submitted By

If you immediately realize that you have made an error, there is a chance you can correct it. From Bulk Order, click on Filter, Enter Order# in box, click Go. The order will show up, click on the line order and ITEAMS will take you to the ordering screen. If the order is editable you can edit. If it is grayed out, you will have to call the pharmacy. With a Bulk Order, you can only change the quantity of a dug line item. You cannot add a drug or delete it. You will have to call the pharmacy.

ITEAMS TBVDOT Ordering Guidelines

RECONCILIATION

Reconcile inventory at least every 30-days. ITEAMS will keep track of the last reconcile date and will direct you to reconcile if you are over the 30-day time frame and attempting to place a Bulk Order. Prior to reconciling, all other transactions (Receiving, Doses Administered, Transfer Orders, Wasted/Expired) must be completed before entering the physical counts on the C-33 form.

Conduct an inventory of your drugs. Print the Tally Sheet under the Inventory Tab. Follow the items according to the list and check it against your physical inventory on your shelf. Any items that are on your shelf will need to be added into inventory by using the “Add Line” button on the receiving tab.

Tally Sheet

Site Information					
Date: ____/____/____			Site: TBVDOT / 00-000000000		
Item ID	Description	Lot	Expiration	Physical Count	Comment
00085173301TBVDOT	AVELOX TAB 400MG 30	1605002660	12/31/2099		
13845120202TBVDOT	CYCLOSERINE CAP 250MG 30 BLIST	16a0001p	12/31/2099		
61748001101TBVDOT	ETHAMBUTOL TAB 100MG 100	5151050	12/31/2099		
61748001310TBVDOT	ISONIAZID 300MG 1000	34028430a	12/31/2099		
00555007101TBVDOT	ISONIAZID TAB 300MG 30	34025589a	12/31/2099		
65862053650TBVDOT	LEVOFLOXACIN TAB 250MG 50	165160010a	12/31/2099		
47781026830TBVDOT	MOXIFLOXACIN TAB 400MG 30	bxh84x1b	12/31/2099		
00088210032TBVDOT	PRIFTIN TAB 150MG 32	a6002	12/31/2099		
61748001205TBVDOT	PYRAZINAMIDE TAB 500MG 500	h160303c	12/31/2099		
00536440601TBVDOT	PYRIDOXINE TAB 25MG 100	46929	12/31/2099		
00536440801TBVDOT	PYRIDOXINE TAB 50MG 100	50031	12/31/2099		
61748001530TBVDOT	RIFAMPIN CAP 150MG 30	3153790	12/31/2099		
61748001860TBVDOT	RIFAMPIN CAP 300MG 60	3151748	12/31/2099		
00008411701TBVDOT	TRECATOR TAB 250MG 100	464062	12/31/2099		

Print

Once Transactions are completed, the Physical Count column on the C-33 form should match the on hand counts of drugs on your shelves.

ITEAMS TBVDOT Ordering Guidelines

Provider C-33

NEVER LEAVE THE PHYSICAL COUNT BOXES BLANK, once saving it ITEAMS will record it as Zero and delete the line item from your inventory. If for whatever reason the Physical Count is different from the Automated Total Amount, this amount is the difference of both totals and is considered as an Adjustment. You will then need to select a Reason for Adjustment from the drop down list. Then enter your full name and click on save.

Inventory Reconciliation

1. This page shows all activity since the last time you reconciled your inventory. Note the "Last Ran" date.
2. Complete all other transactions (Receiving, Transfers, Wasted/Expired, Doses Administered up to today) before entering your Physical Count.
3. In the Physical Count column, enter the number on-hand for each Item ID and lot.
4. If your physical count does not match the Automated Total Doses quantity, make sure that all orders have been received and all items that were distributed, transferred, wasted, or expired have been recorded. Return to and update those pages as needed.
5. If, after careful review, there is still a discrepancy between your on-hand count and the system count, enter the reason for the adjustment using the drop-down menu. The need for this should be minimal.
6. When all lines match or have been reconciled, enter your name and hit save at the bottom.

Effective immediately! When a user clicks SAVE on their Inventory: Provider C-33 screen all Items/lots with a zero balance will be removed! However, there are risks with this implementation. For example, if you do not follow the steps in the correct order in the web portal, you can delete items you need to record doses, complete transfers, or record wasted/expired. It is critical the user conduct the steps in the web portal exactly as outlined.

Item Description	Item ID	Lot	Expiration	Expiration Alert	Automated Total Amount	Physical Count	Math Error	Adjustment	Reason for Adjustment
AVELOX TAB 400MG 30	00085173301TBVDOT	1605002660	12/31/2099		18	18	0	0	
CYCLOSERINE CAP 250MG 30 BLIST	13845120202TBVDOT	16a0001p	12/31/2099		8	2	-6	6	Accounting Problem-Cause Unknown
ETHAMBUTOL TAB 100MG 100	61748001101TBVDOT	5151050	12/31/2099		14	14	0	0	
ISONIAZID 300MG 1000	61748001310TBVDOT	34028430a	12/31/2099		14	14	0	0	
ISONIAZID TAB 300MG 30	00555007101TBVDOT	34025589a	12/31/2099		18		18	-18	

SUMMARY OF RECONCILIATION

Step 1: Complete Appropriate transactions.

Receiving, Transfers, Wasted/Expired, Doses Administered

Step 2: Print out the Talley Sheet and inventory drugs on shelves

Step 3: Input Physical Counts onto Provider C-33 form

ITEAMS TBVDOT Ordering Guidelines

Doses Administered

Doses Administered are meds given to patients at your facility. You can record it daily, weekly, monthly. You will have to keep a tally of what has been given out. Upon recording, ITEAMS will deduct the amounts from inventory. Enter amounts in Units Distributed box in eaches, select a comment from the drop down list, enter full name in Entered By box, click save. This also will deduct from inventory.

UNITS DISTRIBUTED DATA ENTRY

1. Pay close attention to the Date Range on this screen.
2. Record your Units Distributed under the Quantity column.
3. Enter your name and click Save at the bottom.

Units Distributed for date range below:

From Date: 06/01/2017 To Date: 06/30/2017

Description	Item ID	Lot	Expiration		Comment
AVELOX TAB 400MG 30	00085173301TBVDOT	1605002660	12/31/2099	<input type="text"/>	<input type="text"/>
CYCLOSERINE CAP 250MG 30 BLIST	13845120202TBVDOT	16a0001p	12/31/2099	<input type="text"/>	<input type="text"/>
ETHAMBUTOL TAB 100MG 100	61748001101TBVDOT	5151050	12/31/2099	<input type="text"/>	<input type="text"/>
ISONIAZID TAB 300MG 30	00555007101TBVDOT	34025589a	12/31/2099	<input type="text"/>	<input type="text"/>
LEVOFLOXACIN TAB 250MG 50	65862053650TBVDOT	165160010a	12/31/2099	<input type="text"/>	<input type="text"/>
MOXIFLOXACIN TAB 400MG 30	47781026830TBVDOT	bxh84x1b	12/31/2099	<input type="text"/>	<input type="text"/>
PRIFTIN TAB 150MG 32	00088210032TBVDOT	a6002	12/31/2099	<input type="text"/>	<input type="text"/>
PYRAZINAMIDE TAB 500MG 500	61748001205TBVDOT	h160303c	12/31/2099	<input type="text"/>	<input type="text"/>
PYRIDOXINE TAB 25MG 100	00536440601TBVDOT	46929	12/31/2099	<input type="text"/>	<input type="text"/>
PYRIDOXINE TAB 50MG 100	00536440801TBVDOT	50031	12/31/2099	<input type="text"/>	<input type="text"/>
RIFAMPIN CAP 150MG 30	61748001530TBVDOT	3153790	12/31/2099	<input type="text"/>	<input type="text"/>
RIFAMPIN CAP 300MG 60	61748001860TBVDOT	3151748	12/31/2099	<input type="text"/>	<input type="text"/>
TRECTOR TAB 250MG 100	00008411701TBVDOT	464062	12/31/2099	<input type="text"/>	<input type="text"/>

Entered by:

[Save](#)

ITEAMS TBVDOT Ordering Guidelines

Transfer Order

Transfer order is when meds are transferred to another facility. You will need to know the facility's Location Code/ID. Enter it in Location ID box, click go. ITEAMS will populate your site's inventory. Input Units to Transfer (eaches) and select a Reason for Transfer from the drop down list. Comment in box if needed, Type in full name in Transferred By box, click save. This will generate an order# and will appear at the other site to Receive in ITEAMS.

Why Transfer? Ex: if your facility has too much of a particular medication or a soon-to-expire medication and you would like to transfer to another site in your region who can use these medications. Make sure to communicate with the facility to ensure they are aware of the transfer and is transferred properly.

Transferring Vaccine To1
Location ID:

Provider Name: DSHS - Main Campus **Phone:** 5125673785 **Order Number:** 678322 **Order Date:** 07/19/2017
Address: T-607 **Contact:** Susan

Austin TX 78756

Item Number	Description	Lot	Expiration	Quantity on Hand	Units to Transfer	Reason For Transfer
00008411701TBVDOT	TRECATOR TAB 250MG 100	464062	12/31/2099	10	<input type="text" value="0"/>	** Please Select **
00085173301TBVDOT	AVELOX TAB 400MG 30	1605002660	12/31/2099	18	<input type="text" value="0"/>	** Please Select **
00088210032TBVDOT	PRIFTIN TAB 150MG 32	a6002	12/31/2099	32	<input type="text" value="0"/>	** Please Select **
00536440601TBVDOT	PYRIDOXINE TAB 25MG 100	46929	12/31/2099	21	<input type="text" value="0"/>	** Please Select **
00536440801TBVDOT	PYRIDOXINE TAB 50MG 100	50031	12/31/2099	14	<input type="text" value="0"/>	** Please Select **
00555007101TBVDOT	ISONIAZID TAB 300MG 30	34025589a	12/31/2099	18	<input type="text" value="0"/>	** Please Select **
13845120202TBVDOT	CYCLOSERINE CAP 250MG 30 BLIST	16a0001p	12/31/2099	8	<input type="text" value="0"/>	** Please Select **
47781026830TBVDOT	MOXIFLOXACIN TAB 400MG 30	bxh84x1b	12/31/2099	18	<input type="text" value="0"/>	** Please Select **
61748001101TBVDOT	ETHAMBUTOL TAB 100MG 100	5151050	12/31/2099	14	<input type="text" value="0"/>	** Please Select **
61748001205TBVDOT	PYRAZINAMIDE TAB 500MG 500	h160303c	12/31/2099	18	<input type="text" value="0"/>	** Please Select **
61748001310TBVDOT	ISONIAZID 300MG 1000	34028430a	12/31/2099	14	<input type="text" value="0"/>	** Please Select **
61748001530TBVDOT	RIFAMPIN CAP 150MG 30	3153790	12/31/2099	30	<input type="text" value="0"/>	** Please Select **
61748001860TBVDOT	RIFAMPIN CAP 300MG 60	3151748	12/31/2099	28	<input type="text" value="0"/>	** Please Select **
65862053650TBVDOT	LEVOFLOXACIN TAB 250MG 50	165160010a	12/31/2099	18	<input type="text" value="0"/>	** Please Select **

Comment:

Transferred By:

ITEAMS TBVDOT Ordering Guidelines

Wasted/Expired

Wasted/Expired is to record items that have been wasted or expired. Input the amount in the Doses box, select a reason from the drop down list, provide an explanation of loss and a prevent future losses explanation, Check the box, add your full name in the Approved By box.

Wasted and Expired Items

Every item must be accounted for.

1. From the items in your inventory, enter the number of items that were wasted or expired for each lot. Use the drop down to select the reason for the loss.
2. In the comment boxes, enter a thorough explanation of the loss and the steps that were taken to ensure that this does not happen again.
3. Check any applicable boxes for the training that was conducted in order to prevent further loss. At least one check box must be checked.
4. Enter your name and click Save.
5. If you are using the form as a packing slip, please mark through any items that you are *not* shipping back in that package.

[Historical Transactions](#)

Note: Because every item is now recorded, there may be cases that do not require extensive explanation and additional training (e.g. damaged vial, broken needle, etc.).

Item Number	Description	Lot	Expiration	UOM	Quantity	Doses	Reason
00008411701TBVDOT	TRECATOR TAB 250MG 100	464062	12/31/2099	TAB	10	<input type="text" value="0"/> x	** Please Select **
00085173301TBVDOT	AVELOX TAB 400MG 30	1605002660	12/31/2099	TAB	18	<input type="text" value="0"/>	** Please Select **
00088210032TBVDOT	PRIFTIN TAB 150MG 32	a6002	12/31/2099	TAB	32	<input type="text" value="0"/>	** Please Select **
00536440601TBVDOT	PYRIDOXINE TAB 25MG 100	46929	12/31/2099	TAB	21	<input type="text" value="0"/>	** Please Select **
00536440801TBVDOT	PYRIDOXINE TAB 50MG 100	50031	12/31/2099	TAB	14	<input type="text" value="0"/>	** Please Select **
00555007101TBVDOT	ISONIAZID TAB 300MG 30	34025589a	12/31/2099	TAB	18	<input type="text" value="0"/>	** Please Select **
13845120202TBVDOT	CYCLOSERINE CAP 250MG 30 BLIST	16a0001p	12/31/2099	TAB	8	<input type="text" value="0"/>	** Please Select **
47781026830TBVDOT	MOXIFLOXACIN TAB 400MG 30	bxh84x1b	12/31/2099	TAB	18	<input type="text" value="0"/>	** Please Select **
61748001101TBVDOT	ETHAMBUTOL TAB 100MG 100	5151050	12/31/2099	TAB	14	<input type="text" value="0"/>	** Please Select **
61748001205TBVDOT	PYRAZINAMIDE TAB 500MG 500	h160303c	12/31/2099	TAB	18	<input type="text" value="0"/>	** Please Select **
61748001310TBVDOT	ISONIAZID 300MG 1000	34028430a	12/31/2099	TAB	14	<input type="text" value="0"/>	** Please Select **
61748001530TBVDOT	RIFAMPIN CAP 150MG 30	3153790	12/31/2099	CAP	30	<input type="text" value="0"/>	** Please Select **
61748001860TBVDOT	RIFAMPIN CAP 300MG 60	3151748	12/31/2099	CAP	28	<input type="text" value="0"/>	** Please Select **
65862053650TBVDOT	LEVOFLOXACIN TAB 250MG 50	165160010a	12/31/2099	TAB	18	<input type="text" value="0"/>	** Please Select **

Explanation Of Loss

Prevent Future Losses

Check All That Apply ☐ See explanation in the "Prevent Future Losses" box.

Approved By

Save

ITEAMS TBVDOT Ordering Guidelines

Receiving

Bulk orders will add items to your inventory.

Receiving Tab, select an order# from the drop down list. Verify all information is correct (Item, Lot#, Exp Date, Quantity).

Type in Full Name in Received By box, click save.

Note: when selecting the order# from the drop down list, DO NOT click on the GO button as well. There is a glitch that when both are clicked, ITEAMS will populate an error message: Please contact your support person with the following message; Invalid key value.

PROVIDER ORDER DETAIL RECEIVING

Order Number: 306110-00

Tracking Number:

Order Date: 4/16/2014

TOP LEVEL1

Accept	Item Description	Item ID	Requested Quantity	Ship Date	Inner Qty	UOM	Lot	Expiration Date	Received Quantity	Tracking Number
<input checked="" type="checkbox"/>	SYRINGE 27GX1/2 100	00000010131TB	0.00	4/16/2014	100	SYR	G130307	2/28/2018	100	C000176913
<input checked="" type="checkbox"/>	TUBERSOL VIAL 5TU-10 TEST 1ML	49281075221TB	0.00	4/16/2014	1	Vial	C4287AA	12/17/2015	30	C000176913

BOTTOM LEVEL

Received By:

To check the status of an Order, click on the Tracking Number link (far right corner). ITEAMS will direct you to the LSO (Lone Star Overnight) website and will give you details of the shipping status.

optional

To manually add items into your inventory, use the “Add Line” button. Select the NDC/Item ID from the drop down list. Enter Lot#, Exp Date, Quantity in eaches, and enter Full Name in Received by box. This will add the items to your inventory.

Item ID:

Lot:

Expiration Date:

Quantity:

Received By:

ITEAMS TBVDOT Ordering Guidelines

TBVDOT Program Item Description	PHARM SHIP QTY	Special Instruction Box
AVELOX TAB 400MG 30	total pills	QTY, Patient ID#, (Sig)
AZITHROMYCIN 250MG 30	total pills	QTY, Patient ID#, (Sig)
CLARITHROMYCIN TAB 500MG 60	total pills	QTY, Patient ID#, (Sig)
CYCLOSERINE CAP 250MG 30 BLIST	total pills	QTY, Patient ID#, (Sig)
ETHAMBUTOL TAB 100MG 100	total pills	QTY, Patient ID#, (Sig)
ETHAMBUTOL TAB 400MG 100	total pills	QTY, Patient ID#, (Sig)
ISONIAZID TAB 100MG 100	total pills	QTY, Patient ID#, (Sig)
ISONIAZID TAB 300MG 100CT	total pills	QTY, Patient ID#, (Sig)
ISONIAZID TAB 300MG 30	total pills	QTY, Patient ID#, (Sig)
LEVOFLOXACIN TAB 250MG 50	total pills	QTY, Patient ID#, (Sig)
LEVOFLOXACIN TAB 500MG 50	total pills	QTY, Patient ID#, (Sig)
LEVOFLOXACIN TAB 750MG 20	total pills	QTY, Patient ID#, (Sig)
MOXIFLOXACIN TAB 400MG 30	total pills	QTY, Patient ID#, (Sig)
MYCOBUTIN CAP 150MG 100	total pills	QTY, Patient ID#, (Sig)
PRIFTIN TAB 150MG 32	total pills	QTY, Patient ID#, (Sig)
PYRAZINAMIDE TAB 500MG 60	total pills	QTY, Patient ID#, (Sig)
PYRAZINAMIDE TAB 500MG 90	total pills	QTY, Patient ID#, (Sig)
PYRAZINAMIDE TAB 500MG 100	total pills	QTY, Patient ID#, (Sig)
PYRAZINAMIDE TAB 500MG 500	total pills	QTY, Patient ID#, (Sig)
PYRIDOXINE TAB 25MG 100	total pills	QTY, Patient ID#, (Sig)
PYRIDOXINE TAB 50MG 100	total pills	QTY, Patient ID#, (Sig)
RIFAMPIN CAP 150MG 30	total pills	QTY, Patient ID#, (Sig)
RIFAMPIN CAP 300MG 60	total pills	QTY, Patient ID#, (Sig)
SULFAMETHOXAZOLE/TR 800 100	total pills	QTY, Patient ID#, (Sig)
TRECTOR TAB 250MG 100	total pills	QTY, Patient ID#, (Sig)
ZYVOX TAB 600MG 20	total pills	QTY, Patient ID#, (Sig)

for additional medications not listed, please contact the Pharmacy Branch